subjects from general population. **METHODS:** Subjects aged over 18 years who underwent to 7 Primary Health Centers during data collection period and gave previous consent to participate were included in the study. Data were collected by using a computer (Tablet PC or Touch Screen). Patients completed the CAT-Health (between 5 and 15 items; score normalized to 50 + –10 distribution and higher score indicating better HRQoL) and the MOS SF-12 questionnaire (Physical-PCS and Mental-MCS scores). Data about age, sex and presence of any chronic pathology were also self-completed by the patient. Feasibility, concept and convergent validity were assessed. **RESULTS:** Median age of 396 included subjects was 46.3 (Pc25-75 = 34.3–61.2) and 67.2% were female. A total of 36.9% of subjects declared not having any pathology, 33.8% suffered 1, 16.4% 2 and 12.9% 3 or more pathologies, being joint pain the most frequent illness (31.6%). Mean CAT-Health score was 48.03 (S.D = 9.03) ranging between 23.78 and 93.05; median time of response was 81 seconds (Pc25-75 = 59–118) ranging from 66 to 107 seconds according to age; median number of items presented to subjects was 8 (Pc25-75 = 6–10) and did not vary according to age. Mean PCS score was 46.8 (10.1) and mean MCS score was 46.9 (10.9). Correlations of CAT-Health score with age was –0.351; with number of pathologies, –0.548; with PCS, 0.547 and with MCS, 0.346 (all with $p < 0.01$). CAT-Health score discriminated accurately between subjects with or without any chronic pathology considered and between subjects with 1, 2, and 3 or more pathologies. **CONCLUSION:** CAT-Health is a practical and valid system for measuring generic HRQoL in general population of our country.

PMC28

EVALUATING THE EFFECTIVENESS OF SEARCH STRATEGIES FOR SYSTEMATIC REVIEWS

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OBJECTIVES: A systematic review is the preferred approach in assembling clinical evidence. The gold standard for literature searching comprises highly sensitive search strategies applied to multiple literature databases and handsearching of journals and conference abstracts. With the increasing need to produce high quality systematic reviews rapidly, we sought to evaluate the effectiveness of different search approaches and their impact on the resulting evidence base. **METHODS:** We selected a series of systematic reviews published in the Cochrane library. For each review we retrospectively built three search strategies ranging from a highly sensitive search of multiple databases and hand searching (level 3) to a highly specific keyword search in Medline (level 1). The list of included studies from each published review was then compared with the studies retrieved from each search. From this we determined the proportion of studies and that would have been included in the review if a less comprehensive search approach had been employed. We then looked at the impact of different search approaches on the results of each review. **RESULTS:** As the level of intensity of the search increased, the number of included studies retrieved increased. There was variability in the proportion of studies retrieved at each search level between reviews, with the level 2 search it varied from 67%–100%. The majority of missed citations were conference abstracts. One review's included studies were identified by all three levels of search, however the studies included were few and there were no conference abstracts. In contrast a level 3 search retrieved just 56% of a potential 52 studies. **CONCLUSION:** A comprehensive search strategy is needed to guarantee retrieval of all eligible studies in a systematic review. Further analysis could potentially identify disease areas and indications where a less intensive search approach is sufficient.

PMC29

ESTIMATING THE BUDGET IMPACT OF NEW TECHNOLOGIES ADDED TO THE NATIONAL LIST OF HEALTH BENEFITS IN ISRAEL: STAKEHOLDERS' INCENTIVES FOR ADOPTING A RISK-SHARING MECHANISM

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OBJECTIVES: The Israeli National Health Insurance Law stipulates the benefits package which all residents are entitled from their health plans (HMOs). Each year, the government allocates a budget to the HMOs for funding new technologies. The specific budget for each technology is based on estimates provided by the pharmaceutical industry and the HMOs for the number of patients that will benefit from the technology and its cost per patient. HMOs have argued that once a new technology is reimbursed, extensive marketing efforts on the part of the industry expands the demand and thus, the budget allocated is often not sufficient. On the other hand, the pharmaceutical industries claim that, in many cases, HMOs over-estimate the number of patients and are provided with a higher budget than actually consumed. In this study we explore stakeholders' incentives for adopting a financial risk-sharing mechanism on early budget-impact estimates. **METHODS:** We propose a framework for a mechanism, where HMOs will be partially compensated by the industry if the actual use in medical practice is substantially higher than was projected. The HMOs will partially refund the government for a budget that was not fully used. This budget will be reallocated and used for adopting other technologies. **RESULTS:** To maintain profits, it is assumed that the industry will provide the government with a more realistic budget impact analysis (BIA). HMOs will be provided with a more accurate budget and be less apprehensive of pharmaceutical promotion. **CONCLUSION:** Our proposed risk-sharing mechanism on early budget impact analysis is expected to counter balance incentives and disincentives that currently exist in adopting new health technologies in the Israeli health care system. Further research is needed to examine the potential impact of such a mechanism on actual use of new technologies and its feasibility in improving the national resource allocation process.

PMC30

ECONOMIC ADVANTAGES OF ONLINE DISCRETE EVENT SIMULATION TRAINING

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OBJECTIVES: Teaching of discrete event simulation (DES) online has provided an opportunity to evaluate the costs and effectiveness of this form of education through the internet. **METHODS:** A distance learning course was developed to provide a basic understanding of DES. It was designed so that students could approach the course at their own pace and navigate the curriculum according to personal interest and experience. The learning system was deployed over the internet, making DES training available worldwide to anyone possessing a computer, a standard web browser, and an internet connection. Students were interviewed immediately after course completion, and 3 months after course completion to gauge effectiveness. Cost data was evaluated in terms of course development costs, training costs, and cost to students. **RESULTS:** Students completed the curriculum 50% faster than the traditional in-person course. In addition, each student interviewed indicated that the